

2139 **CERTIFICATE OF DEATH**02153
Reg. Dist. No. 281

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY St. Marys		STATE Maryland		COUNTY St. Marys			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN Leonardtwn		13 hrs.		TOWN Leonardtwn			
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hospital				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (First) (Middle) (Last) Infant Girl Aud				4. DATE OF DEATH (Month) (Day) (Year) 2 / 7 / 1956			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH 2/6/56	9. AGE last birthday yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Thomas S. Aud				14. MOTHER'S MAIDEN NAME Rose T. Clair			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO. ---		17. INFORMANT & ADDRESS Thomas A. Aud - Leonardtown, Md.			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
7544 IMMEDIATE CAUSE (A) congenital heart disease				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> 21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Feb 6, 1956, to Feb 7, 1956, that I last saw the deceased alive on Feb 6, 1956, and that death occurred at 1:30 P.M. from the causes and on the date stated above.							
SIGNATURE <i>P. J. Bean</i> M.D.				DATE SIGNED <i>2/7/56</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 2/7/56		NAME OF CEMETERY OR CREMATORY Holy Face Cemetery		LOCATION (City, town, or county) Great Mills, Md.	
24. REC'D BY REGISTRAR DATE <i>Feb 7/56</i>		REGISTRAR'S SIGNATURE <i>P. J. Bean</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Robert Robinson</i>		ADDRESS Leonardtwn, Md.	

VS AISC 1-55 10M

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

CERTIFICATE OF DEATH

Form No. 10

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

SEX

DATE OF DEATH

PLACE OF DEATH

NO

IN DEPARTMENT OF HEALTH

BUREAU V. S.

FEB 9 1956

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2140

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02134

No. 282

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY St Mary's		MARYLAND		STATE Maryland COUNTY St Mary's			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town)			
X TOWN Rural Hollywood		Life		TOWN Rural Hollywood X			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
James Manning Bassford				Feb. 7, 1956			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday: yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.
Male	White	Married	Nov. 20, 1925	30			
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
Storekeeper		U.S. Navy		Maryland		U.S.A.	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
William Francis Bassford Sr.				Annie Ruth Norris			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
Yes		W.W.2 219-16-0244		William F. Bassford Hollywood, Md.			
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:							<i>acute</i>
Immediate cause (a) Asphyxia							
Antecedent cause(s) (b) Drowning							
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)							
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none							
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:					20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
none							
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, street, office, etc.) OF INJURY Patent		21c. (City or town) (County) (State) Hollywood St. Mary's, Md.			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 18 2 7 56 12:15 M.		21e. INJURY OCCURRED While at work <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Boatwrecked			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<i>[Signature]</i>		2/14/56		St John's		Hollywood, Maryland	
23. BURIAL, CREMATION, REMOVAL (Specify):		DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS	
Burial		2/14/56		<i>[Signature]</i>		Charles J. Mattingly Leonardtown, Md.	

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FEB 16 1956
BUREAU V. 3

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Item 18 Film G195 4-19-56 ans

02135

2141 CERTIFICATE OF DEATH

Reg. Dist. No. 287

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY ST. MARYS		MARYLAND		STATE MARYLAND		COUNTY ST. MARYS	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LEONARDTOWN		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MECHANICSVILLE			
HOSPITAL OR INSTITUTION OR STREET ADDRESS ST. MARYS HOSPITAL				STREET ADDRESS (If rural give location) RURAL			
3. NAME OF DECEASED (Type or Print) SARAH ZOOK BEILER				4. DATE OF DEATH (Month) (Day) (Year) 2 - 10 - 1956			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH 6/17/1944	9. AGE last birthday 11 yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		10b. KIND OF BUSINESS OR INDUSTRY SCHOOL		11. BIRTHPLACE (State or foreign country) PENNSYLVANIA		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME SAMUEL Y. BEILER				14. MOTHER'S MAIDEN NAME NANCY ZOOK			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO. -----		17. INFORMANT & ADDRESS SAMUEL Y. BEILER - MECHANICSVILLE, MD.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
193X IMMEDIATE CAUSE (A) NEOPLASM - BRAIN ?						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO (B) FINAL DIAGNOSIS DEPENDANT ON							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) POST MORTEM ANALYSIS OF BRAIN							
(c) Hydrocephalus, internal, obstructive, due to glioma							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> A. <input type="checkbox"/>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb 10, 1956, to Feb 10, 1956, that I last saw the deceased alive on Feb 10, 1956, and that death occurred at 11:49 A.M. from the causes and on the date stated above.							
SIGNATURE <i>J. R. Lupton</i>				ADDRESS (Street, city, town, state) <i>Meekanicville, Md</i>		DATE SIGNED <i>2/13/56</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		DATE THEREOF 2/14/56		NAME OF CEMETERY OR CREMATORY AMISH CEMETERY		LOCATION (City, town, or county) (State) MECHANICSVILLE, MD.	
24. REC'D BY REGISTRAR DATE <i>2/16/56</i>		REGISTRAR'S SIGNATURE <i>Heard A. Houser</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>DR Robinson</i>		ADDRESS LEONARDTOWN, MD.	

BUREAU V. S.

FEB 17 1956

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly must be detached for use as a burial transit permit.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly must be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02136

2142 CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY ST. MARYS		MARYLAND		STATE MARYLAND		COUNTY ST. MARYS	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN LEONARDTOWN				TOWN RIVER SPRING			
HOSPITAL OR INSTITUTION OR STREET ADDRESS ST. MARYS HOSPITAL				STREET ADDRESS (If rural give location) RURAL			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) WALTER RAYNER BLAIR				4. DATE OF DEATH (Month) (Day) (Year) 2 - 13 - 1956			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 12 - 13 - 1903		9. AGE last birthday 52 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARM OWNER		11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME WILLIAM BLAIR				14. MOTHER'S MAIDEN NAME BERTHA MC CAULEY			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO. -----		17. INFORMANT & ADDRESS MARY G. BLAIR * RIVER SPRING, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) 420.1				Coronary Thrombosis		5 hrs	
ANTECEDENT CAUSE(S) DUE TO				Arteriosclerotic C.V. disease		8 yrs	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 13, 1953 , to Feb 13, 1956 , that I last saw the deceased alive on Feb 13, 1956 and that death occurred at 5:00 M., from the causes and on the date stated above.							
SIGNATURE J Roy Guyther				ADDRESS (Street, city, town, state) Mechanicsville, Md		DATE SIGNED 2/14/56	
23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		DATE THEREOF 2 - 16 - 56		NAME OF CEMETERY OR CREMATORY ALL SAINTS CEMETERY		LOCATION (City, town, or county) (State) OAKLEY, MARYLAND	
24. REC'D BY REGISTRAR 2/16/56		REGISTRAR'S SIGNATURE Alan D. Hawes		25. FUNERAL DIRECTOR'S SIGNATURE F.B. Robinson		ADDRESS LEONARDTOWN, Md.	

2113 CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		RELIGION	
DATE OF DEATH		TIME OF DEATH		PLACE OF DEATH		CAUSE OF DEATH		MANNER OF DEATH	
SIGNATURE OF PHYSICIAN		SIGNATURE OF MINISTER		SIGNATURE OF CORONER		SIGNATURE OF JURY		SIGNATURE OF DEPUTY ATTORNEY GENERAL	
DATE OF REGISTRATION		TIME OF REGISTRATION		PLACE OF REGISTRATION		CAUSE OF REGISTRATION		MANNER OF REGISTRATION	
SIGNATURE OF REGISTRAR		SIGNATURE OF CLERK		SIGNATURE OF DEPUTY CLERK		SIGNATURE OF DEPUTY REGISTRAR		SIGNATURE OF DEPUTY CLERK	

INSTRUCTIONS
This form is to be filled out by the physician, minister, coroner, jury, or deputy attorney general, as the case may be, and is to be filed with the registrar of vital statistics. It is to be filled out in full, and the information given is to be true and correct. The form is to be filled out in ink, and the signature of the person filling it out is to be written in full. The form is to be filled out in full, and the information given is to be true and correct. The form is to be filled out in ink, and the signature of the person filling it out is to be written in full.

RECEIVED
FEB 17 1956
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2143

02137

Reg. Dist. No. 282

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY ST. MARYS		MARYLAND		STATE MARYLAND		COUNT Charles	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN LEONARDTOWN		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN ROCK POINT			
HOSPITAL OR INSTITUTION OR STREET ADDRESS ST. MARYS HOSPITAL				STREET ADDRESS (If rural, give location) RURAL			
3. NAME OF DECEASED: (Type or Print)		(First) BARBARA		(Middle) ANN		(Last) BOARMAN	
5. SEX: female		6. COLOR OR RACE: white		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single		4. DATE OF DEATH: (Month) 2 - (Day) 5 (Year) 1956	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): student		10b. KIND OF BUSINESS OR INDUSTRY: School		8. DATE OF BIRTH: Nov. 14, 1938		9. AGE last birthday: 17 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS. Hours Min.	
11. BIRTHPLACE (State or foreign country): Washington, D.C.				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME: John W. Boarman				14. MOTHER'S MAIDEN NAME: Ida C. Shorter			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY No.: ---		17. INFORMANT & ADDRESS: John W. Boarman - Rock Point, Md.			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:						INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) fractured skull						2 weeks	
DUE TO							
Antecedent cause(s) (b) fracture							
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. fractured cervical spine							
19a. DATE OF OPERATION: none				19b. MAJOR FINDING OF OPERATION:			
21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>				21b. PLACE (Home, farm, factory, OF INJURY 345 1/2 St. Leonardtown, St. Marys, Md.		21c. City or town (County) St. Marys, Md. (State) Md.	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 2 5 56 8:15 P.M.				21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Car turned over	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE John W. Boarman				M. D. DATE SIGNED 2/5/56			
23. BURIAL, CREMATION, REMOVAL (Specify): Burial		DATE THEREOF 2/8/56		NAME OF CEMETERY OR CREMATORY Holy Ghost Cemetery		LOCATION (City, town, or county) (State) Issue, Md.	
DATE REC'D BY LOCAL REG. 2/6/56		REGISTRAR'S SIGNATURE John W. Boarman		24. FUNERAL DIRECTOR Archart Funeral Home, Inc. La Plata, Md.		ADDRESS	

BUREAU V. S.

FEB 8 1956

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR **INITIAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2144 CERTIFICATE OF DEATH

02138

Reg. Dist. No. 281

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY St Mary's		MARYLAND		STATE Maryland		COUNTY St Mary's	
CITY (If outside corporate limits, write RURAL or and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN Hermanville		12 Yrs		TOWN Hermanville			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print) John Henry Clayton				4. DATE OF DEATH (Month) (Day) (Year) Feb. 13, 1956			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH June 26, 1877	9. AGE last birthday 78 yrs.	IF UNDER 1 YEAR Months 7 Days 18	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Day Labor		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Robert Clayton				14. MOTHER'S MAIDEN NAME Sophia Swann			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS Mrs Fessie Biscoe 15 Van Buren St. Carver Heights, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
331x IMMEDIATE CAUSE (A) Cardiac Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 7 days			
ANTECEDENT CAUSE(S) DUE TO (B) Generalized Arteriosclerosis				16 years			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 10, 1952 to Feb 13, 1956 , that I last saw the deceased alive on Feb 11, 1956 , and that death occurred at 11 P.M. from the causes and on the date stated above.							
SIGNATURE P. J. Swann				M.D. Geant M. M. M.		DATE SIGNED 2/13/56	
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF 2/15/56		NAME OF CEMETERY OR CREMATORY Zion Fair		LOCATION (City, town, or county) Hermanville, Maryland	
24. REC'D BY REGISTRAR 2/13/56		REGISTRAR'S SIGNATURE P. J. Swann		25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Mattingley		ADDRESS Leonardtwn, Md.	

RECEIVED
FEB 15 1936
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2145
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03241
Reg. Dist.

No. 282

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY St Mary's		MARYLAND		STATE Maryland COUNTY St Mary's			
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Helen		LENGTH OF STAY (in this place) 5 Months		CITY (If outside corporate limits write RURAL and give nearest town) TOWN Helen			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED: (First) (Middle) (Last) Lloyd William Copsey				4. DATE OF DEATH Feb. 27, 19 56			
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Aug. 31, 1910	9. AGE last birthday: 45 yrs	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Carpenter		10b. KIND OF BUSINESS OR INDUSTRY: Day Labor		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Wilson Copsey				14. MOTHER'S MAIDEN NAME: Cora Greenwell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY No.: 220-07-4151		17. INFORMANT & ADDRESS: Mrs Ruth Maie Copsey Helen, Md.			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:						Interval	
Immediate cause (a) Pneumonia bullet wound of head							
DUE TO							
Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause DUE TO							
stating underlying cause last (c)							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH none							
19a. DATE OF OPERATION: none		19b. MAJOR FINDING OF OPERATION:				20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home		21c. (City or town) (County) (State) Helen St. Mary's Md			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 2 27 56 9 A.M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Self inflicted bullet wound			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input checked="" type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE [Signature]		CHIEF MEDICAL EXAMINER		DEPUTY MEDICAL EXAMINER		DATE SIGNED 2/28/56	
M. D. [Signature]		ASSISTANT MEDICAL EXAM.					
23. BURIAL, CREMATION, REMOVAL (Specify): Burial		DATE THEREOF 3/2/56		NAME OF CEMETERY OR CREMATORY St John's		LOCATION (City, town, or county) (State) Hollywood Md	
DATE REC'D. BY LOCAL REG. 2/29/56		REGISTRAR'S SIGNATURE [Signature]		24. FUNERAL DIRECTOR [Signature]		ADDRESS Leonardtown, Md.	

RECEIVED
MAR 1 1956
RICHARD V. B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is, especially important. Physicians; please write the cause of death clearly and legibly.

2146

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02139

Reg. Dist.

No. 282

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>ST. MARY'S</u>		MARYLAND		STATE <u>MARYLAND</u>		COUNTY <u>ST. MARY'S</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>RURAL RIDGE</u>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town) TOWN <u>RIDGE</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED: (First)		(Middle)		(Last)		4. DATE OF DEATH (Month) (Day) (Year)	
<u>ERNEST</u>		<u>MATTHEW</u>		<u>FORREST</u>		<u>FEB. 8, 19 56</u>	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>MALE</u>	<u>WHITE</u>	<u>MARRIED</u>	<u>May 5, 1902</u>	<u>53</u> yrs.	Months <u>9</u>	Days <u>3</u>	Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>Waterman</u>		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>John W. Forrest</u>				14. MOTHER'S MAIDEN NAME: <u>Elizabeth Ridgell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS: <u>Jeanette A. Forrest Ridge, Maryland</u>			
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH. <u>Indet.</u>
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:							
<p>Immediate cause (a) <u>to pyrexia due to drowning</u> DUE TO</p> <p>Antecedent cause(s) (b) <u></u> Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) <u></u></p>							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>in me stage of convulsion of death.</u>							
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:					20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<u>none</u>		<u></u>					
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: <u>in car</u>		21c. (City or town) (County) (State) <u>Ridge St. Mary's Md</u>			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>2 56 12:30 M.</u>		21e. INJURY OCCURRED While at work <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fell into river</u>			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE <u>Lania</u>		CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. <u>Lania</u>		DATE SIGNED <u>2/11/56</u>			
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>		DATE THEREOF <u>2/11/56</u>		NAME OF CEMETERY OR CREMATORY <u>TRINITY</u>		LOCATION (City, town, or county) (State) <u>ST MARY'S CITY, MD.</u>	
DATE REC'D BY LOCAL REG. <u>2/19/56</u>		REGISTRAR'S SIGNATURE <u>Lania</u>		24. FUNERAL DIRECTOR <u>CHARLES J. MATTINGLY</u>		ADDRESS <u>LEONARD TOWN, MD.</u>	



INSTRUCTIONS

1 executed within **24** hours after death.

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within **72** hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72** hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS MISC 1-55 10M

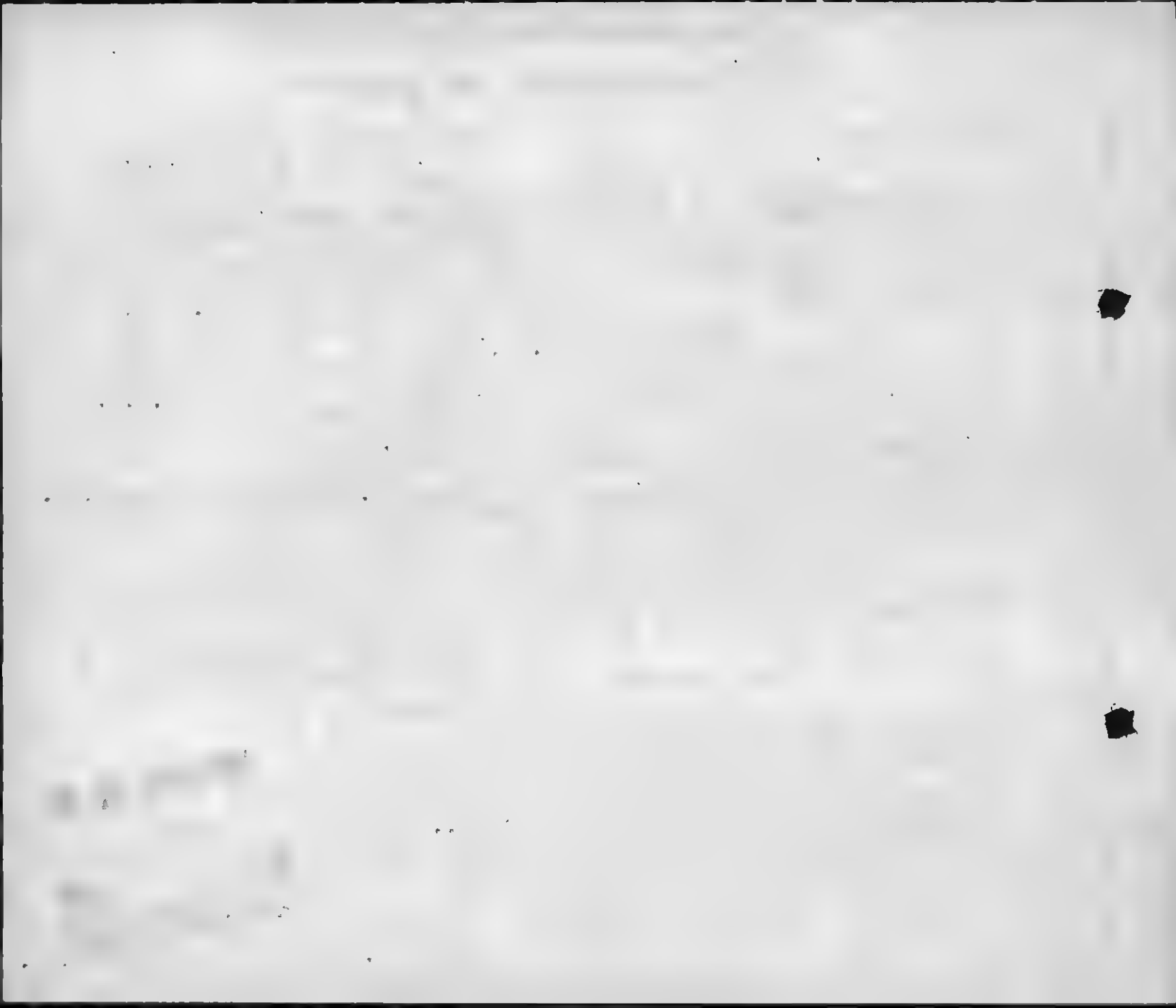
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02140

2147 CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>St Mary's</u>				STATE <u>Maryland</u> COUNTY <u>St Mary's</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR TOWN	
TOWN <u>Leonardtwn</u>		<u>10 days</u>		Rural <u>Leonardtwn</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>St Mary's Hospital</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (First) (Middle) (Last) <u>James Ernest Johnson</u>				4. DATE (Month) (Day) (Year) DEATH <u>Feb.</u> <u>17,</u> 19 <u>56</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 28, 1881</u>		9. AGE last birthday <u>74</u> yrs.	IF UNDER 1 YEAR Months <u>8</u> Days <u>20</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tenant</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Hillary Johnson</u>				14. MOTHER'S MAIDEN NAME <u>Annie M. Thompson</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>220 34 4324</u>		17. INFORMANT & ADDRESS <u>Ernest H. Johnson Leonardtown, Md.</u>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) <u>Uremia</u>							
ANTECEDENT CAUSE(S) DUE TO (B) <u>Invasive carcinoma</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) <u>retroperitoneal-involving renal system</u>							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 7, 1956</u> to <u>Feb 17, 1956</u>, that I last saw the deceased alive on <u>Feb 17, 1956</u>, and that death occurred at <u>7:15 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Ray E. Gopher</u>				ADDRESS (Street, city, town, state) <u>Mechanicville</u>			
				DATE SIGNED <u>2/17/56</u>			
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>2/20/56</u>		NAME OF CEMETERY OR CREMATORY <u>St Joseph</u>		LOCATION (City, town, or county) (State) <u>Morganza, Maryland</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>Alan B. Harrison M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles J. Mattingly</u>			
DATE <u>2/22/56</u>				ADDRESS <u>Leonardtwn, Md.</u>			



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After the death certificate has been signed by the attending physician and completed, it should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. Pages 1 and 2 should be filed with the registrar.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2148

CERTIFICATE OF DEATH

02141

Reg. Dist. No. 282

1. PLACE OF DEATH a. COUNTY St Mary's MARYLAND		2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. STATE Maryland b. COUNTY St Mary's	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown	
c. LENGTH OF STAY IN 1b 1 day		d. STREET ADDRESS St Mary's Hospital	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION St Mary's Hospital		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Baby Boy Middle Lacey Last Lacey		4. DATE OF DEATH Month February Day 24 Year 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH February 23, 1956
9. AGE (In years last birthday) yrs. 1		IF UNDER 1 YEAR Months 1 Days 1 Hours 1 Min. 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Charles P. Lacey		14. MOTHER'S MAIDEN NAME Sarah Ann Lacey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Charles P. Lacey		Address Leonardtown, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Immaturity (5 mo., gestation) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m. 19		20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 2/24 , 19 56 to 2/24 , 19 56 that I last saw the deceased alive on 2/24 , 19 56 , and that death occurred at M , from the causes and on the date stated above. ADDRESS (Street, city or town, state) Mechanicville DATE SIGNED Hein U. Benke			
ACTUAL SIGNATURE Hein U. Benke M.D.			
PHYSICIAN'S NAME (Type) J. Roy Guyther M.D.			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 2/25/56	22c. NAME OF CEMETERY OR CREMATORY St Aloysius	22d. LOCATION (City, town, or county) (State) Leonardtown, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE Charles J. Mattingly		ADDRESS Leonardtown, Md.	
24a. REC'D BY REGISTRAR 2/28/56		24b. REGISTRAR'S SIGNATURE Hein U. Benke, M.D.	

FINNEY V. S.

FEB 29 1950

RECEIVED

2149 CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY ST Mary's		STATE MARYLAND		STATE Maryland		COUNTY St Mary's	
CITY (If outside corporate limits, write RURAL and give nearest town) NAS PATUXENT RIVER, MARYLAND		LENGTH OF STAY (in this place) 31 hours		CITY (If outside corporate limits, write RURAL and give nearest town) Lexington Park, Maryland		TOWN Lexington Park, Maryland	
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Air Station Hospital Patuxent River, Maryland				STREET ADDRESS (If rural give location) 290 Chinlee Drive 304 79th St.			
3. NAME OF DECEASED (Type or Print) (First) Kim (Middle) Aldea (Last) LANSKY				4. DATE OF DEATH (Month) Feb (Day) 17 (Year) 19 56			
5. SEX F	6. COLOR OR RACE Caucasian	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 16 Feb 1956	9. AGE last birthday Yrs.	IF UNDER 1 Year	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -----		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Theodore S. LANSKY				14. MOTHER'S MAIDEN NAME Mildred STEWART			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) -----		16. SOCIAL SECURITY NO. -----		17. INFORMANT & ADDRESS Theodore LANSKY 290 Chinlee Drive, Lexington, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
IMMEDIATE CAUSE (A) PREMATURITY 32 Weeks Gestation						INTERVAL BETWEEN ONSET AND DEATH 31 hours	
ANTECEDENT CAUSE(S) DUE TO (B) Atelectasis						31 hours	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) Meningocele lumbar spine						31 hours	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION -----		19b. MAJOR FINDINGS OF OPERATION -----				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) -----		21c. WHERE DID INJURY OCCUR? (City or town) ----- (County) ----- (State) -----			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) -----		21e. INJURY OCCURRED <input checked="" type="checkbox"/> While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? -----			
22. I hereby certify that I attended the deceased from 16 Feb 1956 to 17 Feb 1956 , that I last saw the deceased alive on 17 Feb 1956 , and that death occurred at 2:02 P.M. from the causes and on the date stated above.							
SIGNATURE R. Spiekerman LT R. SPIEKERMAN MC USNR				ADDRESS (Street, city, town, state) U.S. Naval Air Station Hospital Patuxent River, Maryland		DATE SIGNED 17 Feb 1956	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 17 Feb 1956		NAME OF CEMETERY OR CREMATORY Holy Face		LOCATION (City, town, or county) (State) Great Mills, Maryland	
24. REC'D BY REGISTRAR 2-22-56		REGISTRAR'S SIGNATURE PJ Bean, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Forther Lane		ADDRESS Patuxent River	

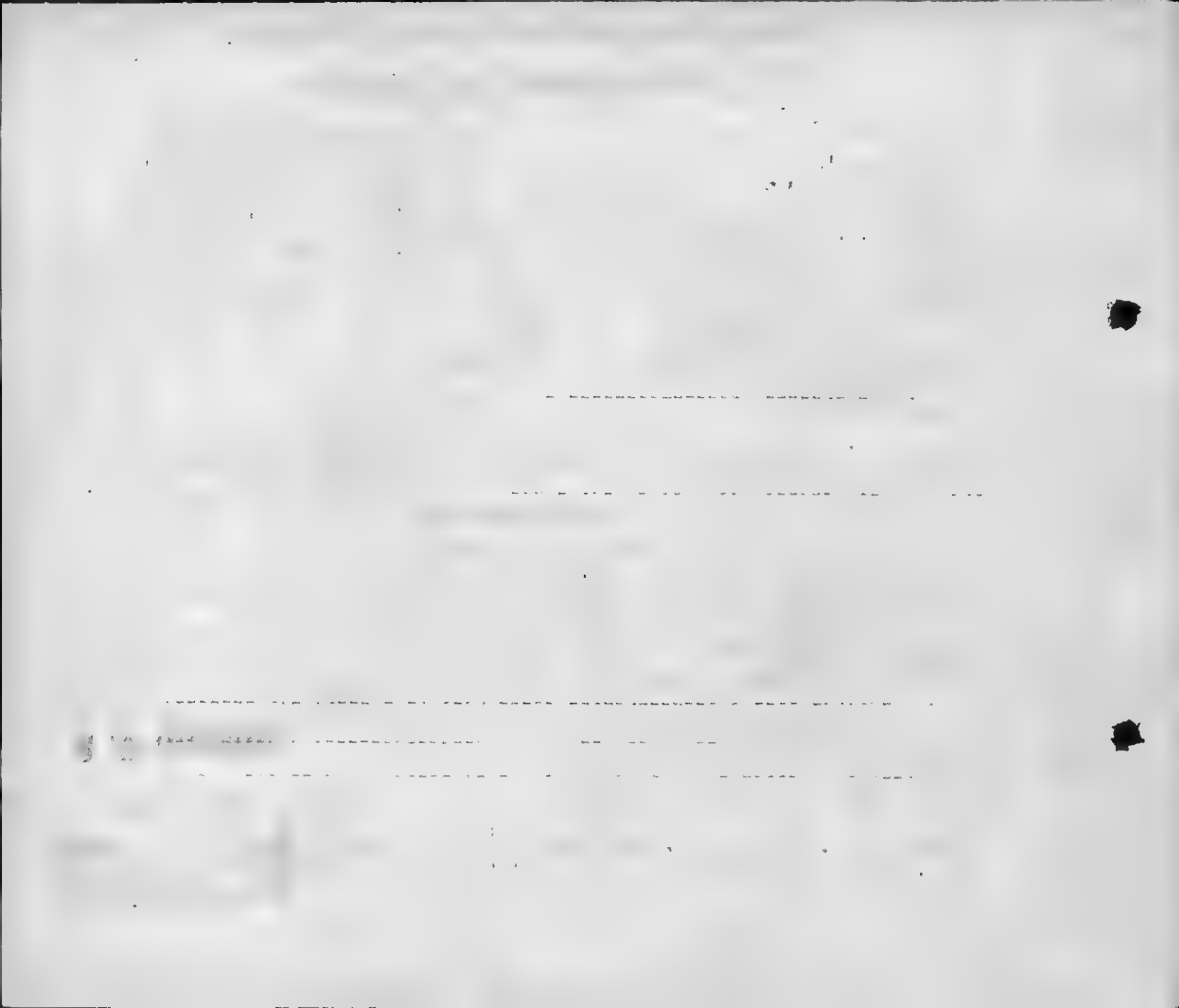
INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate is to be detached for use as a burial transit permit.

VS AISC 1-55 10M

34221



1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VII 15C 1-55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Item 21 Film G193 3-13-56

2150

CERTIFICATE OF DEATH

02143

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>St. Mary's</u> <u>MARYLAND</u>				STATE <u>Maryland</u> COUNTY <u>St. Mary's</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Leonardtown, Md.</u>				CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Ridge, Md.</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>St. Mary's Hospital Leonardtown, Md.</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (First) (Middle) (Last) <u>Ebbie</u> <u>Mary</u> <u>Lee</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb.</u> <u>24</u> , 19 <u>56</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 22, 1879</u>		9. AGE last birthday <u>76</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>		11. BIRTHPLACE (State or foreign country) <u>St. Mary's County, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>	
13. FATHER'S NAME <u>Randolf Clinton</u>				14. MOTHER'S MAIDEN NAME <u>Elizabeth Fade</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY NO. <u>-----</u>		17. INFORMANT & ADDRESS <u>Joseph J. Lee - Hermansville, Md.</u>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. INTERVAL BETWEEN ONSET AND DEATH	
116.0 IMMEDIATE CAUSE (A) <u>Myocarditis</u>						<u>5 yrs.</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Severe third degree burns</u>						<u>2 mos.</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <u>Home</u> <u>Home</u>		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) <u>Ridge</u> <u>St. Marys</u> <u>Md.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-18-55</u> <u>M.</u>		21a. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21i. HOW DID INJURY OCCUR? <u>Lamp fell over & caught dress on fire.</u>			
22. I hereby certify that I attended the deceased from <u>Dec. 18, 1955</u> , to <u>Feb. 24, 1956</u> , that I last saw the deceased alive on <u>Dec. 24, 1956</u> , and that death occurred at <u>9</u> M., from the causes and on the date stated above.							
SIGNATURE <u>J. M. H. Patrick</u>		M.D. <u>323 midway Ave. Leonardtown, Md.</u>		DATE SIGNED <u>2-27-56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>2/28/56</u>		NAME OF CEMETERY OR CREMATORY <u>St. Peters</u>		LOCATION (City, town, or county) <u>Ridge, Maryland</u>	
24. REC'D BY REGISTRAR <u>Jan D. Houser</u>		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robinson</u>			
DATE <u>2/1</u>		ADDRESS <u>Leonardtown, Md.</u>					

BOHEMIA V. B.

1956

100-100000

2151

02144

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist.

No. 1

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY ST Mary's		MARYLAND		STATE Maryland COUNTY ST. Mary's			
CITY (If outside corporate limits, write RURAL or and give nearest town) TOWN Piney Point		LENGTH OF STAY (In this place) Life		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Piney Point			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED: (Type or Print) Joseph Austin Morgan				4. DATE OF DEATH Feb. 10, 19 56			
5. SEX: Male	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: June 7, 1880	9. AGE last birthday: 75 yrs.	IF UNDER 1 YEAR Months 8 Days 5		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Caretaker		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Daniel Morgan				14. MOTHER'S MAIDEN NAME: Patsy Seldon			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY No.: No		17. INFORMANT & ADDRESS: Daniel Morgan Piney Point, Md.			

18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)..... Coronary Heart Failure			1 month
DUE TO			
Antecedent cause(s) (b)..... Arterio sclerosis			
Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none			
19a. DATE OF OPERATION: none		19b. MAJOR FINDING OF OPERATION:	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY none)	21c. (City or town) (County) (State)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY none	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? none	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
SIGNATURE [Signature]		M. D. [Signature]	
23. BURIAL, CREMATION, REMOVAL (Specify): Burial		DATE THEREOF 2/13/56	NAME OF CEMETERY OR CREMATORY St. Marks
LOCATION (City, town, or county) (State) Valley Lee, Maryland		24. FUNERAL DIRECTOR Charles J. Mattingly Leonardtown, Md.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE [Signature]			

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 16 1956

BUREAU V. M.

2152

CERTIFICATE OF DEATH

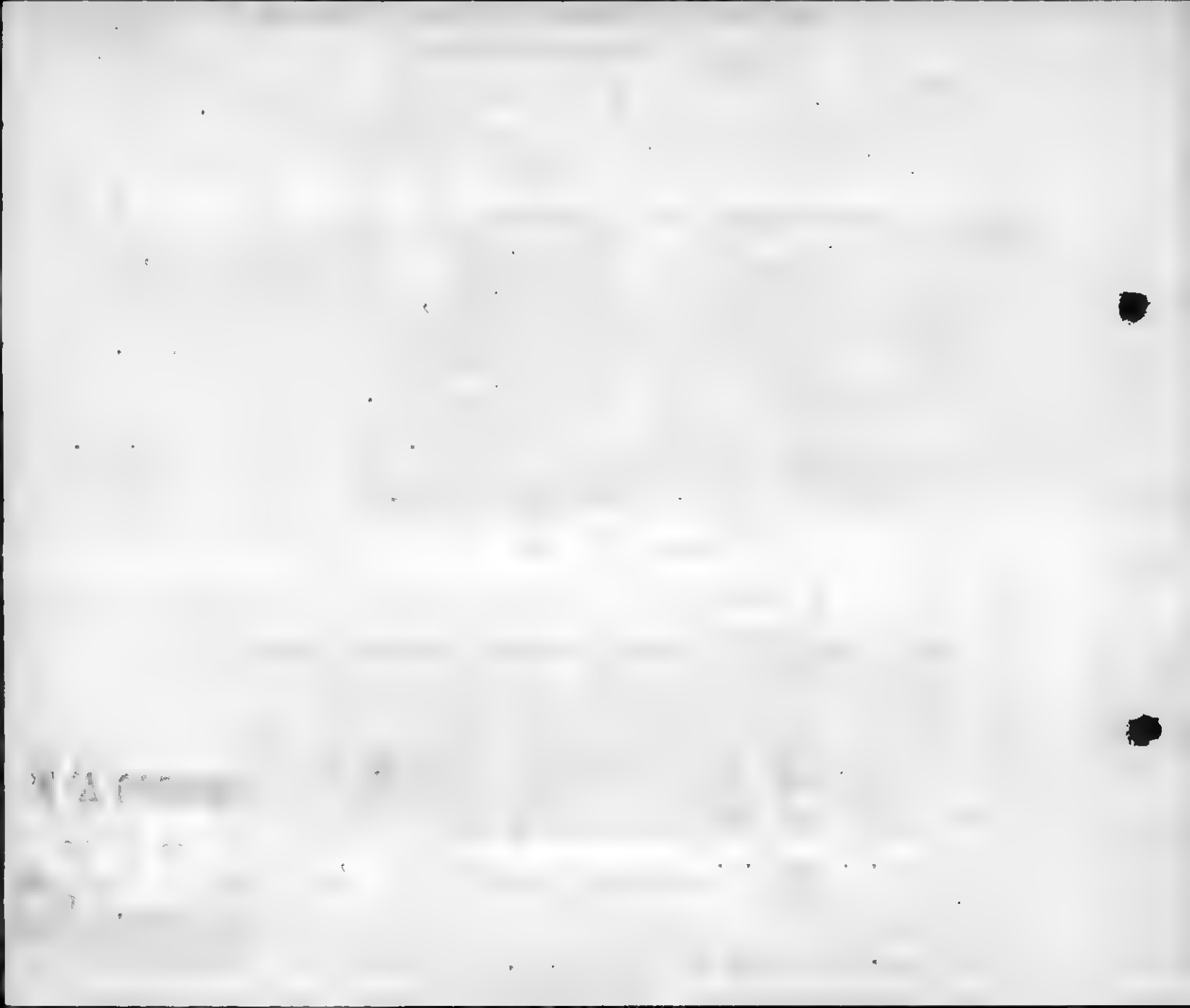
Reg. Dist. No.

281

1. PLACE OF DEATH o COUNTY St Mary's MARYLAND				2. USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) o. STATE Maryland b. COUNTY St. Mary's			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St George Island				c. LENGTH OF STAY IN 1b Life			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or print) Hattie Ann Potter				4. DATE OF DEATH Month February Day 24 Year 19 56			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 15, 1873	9. AGE (In years last birthday) yrs. 82	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Venerando Sayre				14. MOTHER'S MAIDEN NAME Virginia L. Scott			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO None		17. INFORMANT Mr Vennie M. Potter Address Great Mills, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral sclerosis DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) General arteriosclerosis DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH 5 years 10 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town)				20g. (County)		20h. (State)	
21. I certify that I attended the deceased from March 1935 , to Feb 24, 1956 , that I last saw the deceased alive on Feb 23, 1956 , and that death occurred at 12:10 PM from the causes and on the date stated above.							
ACTUAL SIGNATURE P. J. Bean M.D.				ADDRESS (Street, city or town, state) Great Mills, Md.			
DATE SIGNED 2/24/56							
PHYSICIAN'S NAME (Type) P. J. Bean M.D.				Great Mills, Maryland			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 2/27/56		22c. NAME OF CEMETERY OR CREMATORY		22d. LOCATION (City, town, or county) (State) St George Island, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE Charles J. Mattingley				ADDRESS Leonardtwn, Md.		24a. REC'D BY REGISTRAR DATE 2/24/56	
24b. REGISTRAR'S SIGNATURE P. J. Bean M.D.							

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 21 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and carefully filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.



2153 **CERTIFICATE OF DEATH**Reg. Dist. No. 281

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY ST. MARYS		STATE MARYLAND		COUNTY ST. MARYS			
CITY (If outside corporate limits, write RURAL and give nearest town) DAMERON		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) DAMERON			
HOSPITAL OR INSTITUTION OR STREET ADDRESS RURAL				STREET ADDRESS (If rural give location) RURAL			
3. NAME OF DECEASED (Type or Print) WILLIAM CALVERT RALEY				4. DATE OF DEATH (Month) (Day) (Year) 2 - 12 - 19 56			
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH 12 - 8 - 1882	9. AGE last birthday 73 yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARM OWNER		11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME WILLIAM WALTER RALEY				14. MOTHER'S MAIDEN NAME LAURA VIRGINIA RALEY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO		16. SOCIAL SECURITY NO. -----		17. INFORMANT & ADDRESS DORTHY M. RALEY - RIDGE, MARYLAND			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						10. MEDICAL CERTIFICATION	
421.4 IMMEDIATE CAUSE (A) <i>Vascular Heart Disease</i>						INTERVAL BETWEEN ONSET AND DEATH <i>6 years</i>	
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST.							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year)		21e. INJURY OCCURRED While <input type="checkbox"/> at work Not white <input type="checkbox"/> at work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 1950, to Feb 12 1956, that I last saw the deceased alive on Feb 11, 1956, and that death occurred at 3 A.M. from the causes and on the date stated above.							
SIGNATURE <i>P. B. Robinson</i>		M.D. <i>P. B. Robinson</i>		ADDRESS (Street, city, town, state) <i>RIDGE, MARYLAND</i>		DATE SIGNED <i>2/13/56</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		DATE THEREOF 2/15/56		NAME OF CEMETERY OR CREMATORY ST. MICHAELS CEMETERY		LOCATION (City, town, or county) (State) RIDGE, MARYLAND	
24. REC'D BY REGISTRAR DATE <i>2/13/56</i>		REGISTRAR'S SIGNATURE <i>M. B. Robinson</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>P. B. Robinson</i>		ADDRESS LEONARDTOWN, MD.	

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2154

CERTIFICATE OF DEATH

02147

Reg. Dist. No. 281

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>St. Marys</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>St. Marys</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		TOWN	
TOWN <u>Leonardtown</u>				TOWN <u>Dameron</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>St. Marys Hospital</u>				STREET ADDRESS (If rural give location) <u>Rural</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
(First) <u>Thomas</u> (Middle) <u>Richardson</u> (Last) <u>Richardson</u>				2 - 17 - 56			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<u>male</u>	<u>white</u>	<u>widowed</u>	<u>5 - 2 - 1872</u>	<u>83</u>	Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Farming</u>		<u>Farm tenant</u>		<u>Maryland</u>		<u>USA</u>	
13. FATHER'S NAME <u>John Richardson</u>				14. MOTHER'S MAIDEN NAME <u>Annie Brady</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY NO. <u>-----</u>		17. INFORMANT & ADDRESS <u>Mary E. Smith- St. Inigoes, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) <u>Coronary sclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>General arteriosclerosis</u>				<u>10 years</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21a. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 8, 1957</u> to <u>Feb 17, 1958</u> , that I last saw the deceased alive on <u>Feb 17, 1958</u> , and that death occurred at <u>6 P.</u> M. from the causes and on the date stated above.							
SIGNATURE <u>[Signature]</u> M.D. <u>Quintus M. [Signature]</u>				DATE SIGNED <u>2/19/58</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>2/21/56</u>		NAME OF CEMETERY OR CREMATORY <u>St. Michaels</u>		LOCATION (City, town, or county) <u>Ridge, Maryland</u>	
24. REC'D BY REGISTRAR <u>[Signature]</u> DATE <u>Feb 19/56</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>- Leonardtown, Md.</u>	

CERTIFICATE OF DEATH

2184

Name of Deceased		Sex		Age	
Date of Birth		Date of Death		Place of Death	
Cause of Death		Manner of Death		Occupation	
Signature of Physician		Signature of Registrar		Signature of Informant	
Date of Report		Time of Report		Place of Report	

BUREAU V. S.

FEB 24 1956

RECEIVED